
Application Data Sheet

Application Information

Application number::

Filing Date::

Application Type:: *Regular*

Subject Matter:: *Utility*

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: *None*

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form
(CRF)?:: *No*

Number of copies of CRF::

Title :: *ROTARY DAMPER AND METHOD
FOR MANUFACTURING ROTARY
DAMPER*

Attorney Docket Number:: *943.1025*

Request for Early Publication?:: *No*

Request for Non-Publication?:: *No*

Suggested Drawing Figure::

Total Drawing Sheets:: *7*

Small Entity?:: *No*

Latin name::

Variety denomination name::

Petition included?:: *No*

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: *No*

Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *Japan*

Country::

Status:: *Full Capacity*

Given Name:: *Hiidenori*

Middle Name::

Family Name:: *Kanno*

Name Suffix::

City of Residence:: *Sumida-ku*

**State or Province of
Residence::** *Tokyo*

Country of Residence:: *Japan*

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City of mailing address:: *Sumida-ku*

**State or Province of
mailing address::** *Tokyo*

**Country of mailing
address::** *Japan*

**Postal or Zip Code of
mailing address::** *1300004*

NOTE: Repeat this information for each inventor or other applicant. Non-Inventor applicant information such as legal representative of a deceased inventor should follow the inventor(s) for whom the applicant is acting.

Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *Japan*

Country::

Status:: *Full Capacity*

Given Name:: *Ryota*

Middle Name::

Family Name:: *Shimura*

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Country of Residence:: *Japan*

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Country of mailing *Japan*

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Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *Japan*

Country::

Status:: *Full Capacity*

Given Name:: *Masanori*

Middle Name::

Family Name:: *Itagaki*

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Applicant Information

Applicant Authority Type:: *Inventor*

Primary Citizenship *Japan*

Country::

Status:: *Full Capacity*

Given Name:: *Yoshihiko*

Middle Name::

Family Name:: *Nagashima*

Name Suffix::

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Postal or Zip Code of *1300004*
mailing address::

Correspondence Information

Correspondence Customer Number :: 21831

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: (212) 768-3800

Fax Number: (212) 382-2124

E-Mail address:: pto@steinbergraskin.com

Representative Information

Representative Customer Number::	21831	
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
<i>This Application</i>	<i>National Stage of</i>	<i>PCT/JP04/07958</i>	<i>06/08/04</i>

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Japan	2003-334178	09/25/03	Yes

Assignee Information

Assignee name:: *Kabushiki Kaisha Somic Ishikawa*
Street of mailing address:: *34-6, Honjo 1-chome*
City of mailing address:: *Sumida-ku*
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Country of mailing address:: *Japan*
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